

Requirements for Approval of a Rehab Agency Extension Site

Each rehab agency site must be approved by the State Agency (SA) in writing.

When an agency wants to add a site or has added one and needs approval, it must contact the SA and request approval. The SA will request from the agency the information it needs to become reasonably sure that the new location meets Medicare requirements. This information should include, but is not limited to:

- ◆ An explanation of services rendered and available from the extension site, and whether the services are provided directly by agency employees or under a written contract. Modalities available must be specified.
- ◆ An explanation of how the primary site will provide administration and supervision to the extension site.
- ◆ An organizational chart that includes lines of authority/control between the primary site and the extension site.
- ◆ The distance in road miles from the primary site to the extension site.
- ◆ A list of all persons working at the location, the job function of each, and documentation of the qualifications of each professional worker.
- ◆ A list of all contracts in effect and applicable to the extension location, including but not limited to social workers, vocational counselors, physical therapists, occupational therapists, speech pathologists, linen services, pest control, and housekeeping services.
- ◆ The name and address of the physician who is available to the extension site to furnish necessary medical care in the event of emergency.
- ◆ The hours of operation, and a schedule of the professional staff who will be working during the operating hours.
- ◆ A letterhead certification from the agency's administrator that agency policies and procedures are in effect and a copy of such are on site at the extension location.
- ◆ An explanation of the manner in which the agency's Infection Control Committee monitors the extension site operation.
- ◆ An inventory of patient care equipment that is available and on-site for use at the extension site, signed and dated by the agency administrator.

- ◆ Evidence of approval of the building by the local fire authority.
- ◆ An explanation of how the primary site ensures that the records of the patients who receive services at the extension site are maintained, accessible, protected, and centralized at the primary site.
- ◆ An explanation of how the primary site ensures that the records of patients receiving services at the extension site are included in the sample of records reviewed in its program evaluation.
- ◆ An explanation of how agency's qualified staff determines and documents whether the patient's illness or injury indicates the need for social or vocational adjustment services.
- ◆ The date the first Medicare patient was treated.

The SA should evaluate the submitted information and request further information if the first submittal is inadequate. If the location is approvable, the SA will approve the location as of the date the first patient was treated, unless there is reason to believe it was not in compliance on that date, in which case the effective date will be the date the location came into compliance.